

UNITED STATES BANKRUPTCY COURT
FOR THE MIDDLE DISTRICT OF NORTH CAROLINA
DURHAM DIVISION

In Re:

Paula Hindman

Case No. 08-81578

Chapter 13

Social Security No. xxx-xx-3541

Address: 525 Patriots Point, Hillsborough, NC 27278-

Debtor

MOTION TO MODIFY PLAN

NOW COMES the Debtor, by and through counsel undersigned, who moves, under authority of 11 U.S.C. § 1329, to modify the Chapter 13 plan in this case, and in support hereof, the Debtor shows unto this Court the following:

1. This case was filed on October 21, 2008, with the Chapter 13 plan being subsequently confirmed on January 13, 2009.
2. The Debtor proposes to modify the Chapter 13 plan in this case in the following respects:

From: \$771.00 per month.

To: \$771.00 per month through September 2011, followed thereafter by \$200.00 per month, starting in November 2011.
3. The changed circumstances that justify the proposed modification are as follows:
 - a. The Debtor has been changed from a 12 month to a 9.5 month employee, with a substantial reduction in income.
 - b. The Debtor suffers from chronic mental health issues, meeting with a therapist three times a month.
4. An Amended Schedule I for the Debtor is attached hereto and is incorporated hereto by reference.
5. An Amended Schedule J for the Debtor is attached hereto and is incorporated by reference.
6. The proposed modification conforms to the standards of confirmation set out in 11 U.S.C. §§ 1322 and 1325. This modification is feasible because of the following changes, as detailed on the attached Chapter 13 Worksheet:
 - a. Change in dividend to unsecured creditors.
 - b. Change in length of plan.
 - c. Loss of disposable income.

Appended Application for an Additional Attorney Fee

7. Counsel for the Debtor further applies herein, in accordance with Bankruptcy Rule 2016(b), for approval an attorney fee in the amount of \$250.00 to pay for the reasonable value of the services rendered, and to be rendered, with respect to this motion to modify.
8. Additionally, service of instant Motion was required for 43 parties by mail and Debtor's counsel request reimbursement of said expense in the amount of \$43.00.

WHEREFORE, the Debtor prays that this Court grant her Motion, and modify the Chapter 13 plan accordingly. In addition, counsel undersigned requests that this Court approve a fee in the amount of \$293.00 to compensate undersigned for the services rendered or to be rendered with respect to this motion, said fee to be paid by the Chapter 13 Trustee as an administrative claim in this case.

Dated: September 20, 2011

LAW OFFICES OF JOHN T. ORCUTT, P.C.

/s Edward C. Boltz

Edward C. Boltz

North Carolina State Bar No.: 23003

6616-203 Six Forks Road

Raleigh, N.C. 27615

(919) 847-9750

UNITED STATES BANKRUPTCY COURT
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In Re:

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Debtor

CERTIFICATE OF SERVICE

I, Dawn DeFrange, certify under penalty of perjury that I am, and at all times hereinafter mentioned was, more than eighteen (18) years of age and that on September 20, 2011, I served copies of the foregoing **MOTION TO MODIFY PLAN** electronically, or when unavailable, by regular first-class U.S. mail, addressed to the following parties:

Richard M. Hutson, II
Chapter 13 Trustee
Michael West
U.S. Bankruptcy Administrator

Paula Hindman
525 Patriots Point,
Hillsborough, NC 27278-

All creditors with duly filed claims as listed on the attached Report of Claims Filed at the addresses listed thereon.

/s/ Dawn DeFrange
Dawn DeFrange

In re **Paula Louise Hindman**Case No. **08-81578**

Debtor(s)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S) - AMENDED

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
Divorced	RELATIONSHIP(S): None.	AGE(S)
Employment:	DEBTOR	SPOUSE
Occupation	Educator	
Name of Employer	State of North Carolina	
How long employed	10 Years	
Address of Employer	Piedmont Community College PO Box 1197 Roxboro, NC 27573	

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)

DEBTOR	SPOUSE
\$ 5,512.00	\$ N/A

2. Estimate monthly overtime

\$ 0.00	\$ N/A
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3. SUBTOTAL

\$ 5,512.00	\$ N/A
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4. LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security

\$ 1,593.00	\$ N/A
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b. Insurance

\$ 184.01	\$ N/A
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c. Union dues

\$ 7.00	\$ N/A
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d. Other (Specify) **See Detailed Income Attachment**

\$ 436.94	\$ N/A
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5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 2,220.95	\$ N/A
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6. TOTAL NET MONTHLY TAKE HOME PAY

\$ 3,291.05	\$ N/A
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7. Regular income from operation of business or profession or farm (Attach detailed statement)

\$ 0.00	\$ N/A
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8. Income from real property

\$ 0.00	\$ N/A
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9. Interest and dividends

\$ 0.00	\$ N/A
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10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

\$ 0.00	\$ N/A
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11. Social security or government assistance

(Specify):

\$ 0.00	\$ N/A
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12. Pension or retirement income

\$ 0.00	\$ N/A
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13. Other monthly income

(Specify):

\$ 0.00	\$ N/A
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\$ 0.00	\$ N/A
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14. SUBTOTAL OF LINES 7 THROUGH 13

\$ 0.00	\$ N/A
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15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ 3,291.05	\$ N/A
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16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

\$ 3,291.05	
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(Report also on Summary of Schedules and, if applicable, on
Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

None Anticipated

In re Paula Louise Hindman

Debtor(s)

Case No. 08-81578

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S) - AMENDED
Detailed Income Attachment

Other Payroll Deductions:

Mandatory State Retirement	\$	357.94	\$	N/A
Term-Life Insurance	\$	59.00	\$	N/A
Foundation Contribution	\$	20.00	\$	N/A
Total Other Payroll Deductions	\$	436.94	\$	N/A

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S) - AMENDED

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	<u>915.00</u>
a. Are real estate taxes included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
b. Is property insurance included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
2. Utilities:		
a. Electricity and heating fuel	\$	<u>175.00</u>
b. Water and sewer	\$	<u>50.00</u>
c. Telephone	\$	<u>0.00</u>
d. Other <u>Cellular Phone</u>	\$	<u>180.00</u>
3. Home maintenance (repairs and upkeep)	\$	<u>50.00</u>
4. Food	\$	<u>300.00</u>
5. Clothing	\$	<u>60.00</u>
6. Laundry and dry cleaning	\$	<u>26.00</u>
7. Medical and dental expenses	\$	<u>300.00</u>
8. Transportation (not including car payments)	\$	<u>340.00</u>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	<u>100.00</u>
10. Charitable contributions	\$	<u>30.00</u>
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	<u>0.00</u>
b. Life	\$	<u>0.00</u>
c. Health	\$	<u>0.00</u>
d. Auto	\$	<u>120.00</u>
e. Other	\$	<u>0.00</u>
12. Taxes (not deducted from wages or included in home mortgage payments)		
(Specify) <u>Personal Property Taxes</u>	\$	<u>3.50</u>
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	<u>0.00</u>
b. Other	\$	<u>0.00</u>
c. Other	\$	<u>0.00</u>
14. Alimony, maintenance, and support paid to others	\$	<u>0.00</u>
15. Payments for support of additional dependents not living at your home	\$	<u>0.00</u>
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	<u>0.00</u>
17. Other <u>See Detailed Expense Attachment</u>	\$	<u>641.55</u>
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	<u>3,291.05</u>
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: <u>None Anticipated</u>		
20. STATEMENT OF MONTHLY NET INCOME		
a. Average monthly income from Line 15 of Schedule I	\$	<u>3,291.05</u>
b. Average monthly expenses from Line 18 above	\$	<u>3,291.05</u>
c. Monthly net income (a. minus b.)	\$	<u>0.00</u>

In re Paula Louise Hindman

Debtor(s)

Case No. 08-81578

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S) - AMENDED
Detailed Expense Attachment

Other Expenditures:

<u>Personal Care</u>	\$	<u>50.00</u>
<u>Emergencies/Miscellaneous</u>	\$	<u>191.55</u>
<u>Monthly Chapter 13 Payment</u>	\$	<u>200.00</u>
<u>Pet Expense</u>	\$	<u>50.00</u>
<u>Continue care/support for disabled family member</u>	\$	<u>150.00</u>
<u>Total Other Expenditures</u>	\$	<u>641.55</u>

CH. 13 PLAN - DEBTS SHEET (MIDDLE DISTRICT - STEP PLAN)

Date: 8/12/11

Lastname-SS#: Hindman-3541

RETAIN COLLATERAL & PAY DIRECT OUTSIDE PLAN

Creditor Name	Sch D #	Description of Collateral

SURRENDER COLLATERAL

Creditor Name	Description of Collateral

ARREARAGE CLAIMS ON RETAINED COLLATERAL

Creditor Name	Sch D #	Arrearage Amount

REJECTED EXECUTORY CONTRACTS/LEASES

Creditor Name	Description of Collateral

LTD - DOT on PRINCIPAL RESIDENCE / OTHER REAL PROPERTY

Creditor Name	Sch D #	Mortgage Payment	Int. Rate	Adequate Protection	Minimum Equal Payment	Description of Collateral
			n/a	n/a		
			n/a	n/a		
			n/a	n/a		

STD - SECURED DEBTS (Retain Collateral & Pay FMV of Collateral)

Creditor Name	Sch D #	FMV	Int. Rate	Adequate Protection	Minimum Equal Payment	Description of Collateral
			7.00			
			7.00			
			7.00			
			7.00			

STD - SECURED DEBTS & 910 CLAIMS (Pay 100%)

Creditor Name	Sch D #	Payoff Amount	Int. Rate	Adequate Protection	Minimum Equal Payment	Description of Collateral
			7.00			
			7.00			
			7.00			
			7.00			
			7.00			

ATTORNEY FEES (Unpaid Part)

Law Offices of John T. Orcutt, P.C. \$250

SECURED TAXES

Secured Amount

IRS Tax Liens

Real Property Taxes on Retained Realty

UNSECURED PRIORITY DEBTS

Amount

IRS Taxes

State Taxes

Personal Property Taxes

Alimony or Child Support Arrearage

COSIGN PROTECT (Pay 100%)

Int.% Payoff Amount

All 'Co-Sign Protect Debts (See***)

GENERAL NON-PRIORITY UNSECURED

Amount to Pay*

DMI = \$72

\$2,592

PROPOSED CHAPTER 13 PLAN

\$ 200 /month for 30 months, then

\$ N/A /month for N/A months.**

Definitions

Sch D # = The number of the secured debt as listed on Schedule D

Adequate Protection = Required monthly 'Adequate Protection' payment

* = Minimum of DMI x ACP, minus all co-sign protect debt

** = Plan duration is subject to "Duration of Chapter 13 Plan" provision

*** Co-sign protect on all debts so designated on filed schedules D, E and F

Final MD Step (rev 11/6/07) © Copyright by John T. Orcutt (Page 4 of 4)

Other Miscellaneous Provisions